

**Suleiman Refaei**

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**From:** Carol Rowe  
**Sent:** Friday, December 12, 2008 3:51 PM  
**To:** Madjid Aissi Ph. D.; Neelima Kabre, M.D.  
**Cc:** Suleiman Refaei  
**Subject:** FW: [Image File] Carol,KMBT200, #871

**Importance:** High

**Attachments:** KMBT20020081212153601.tif



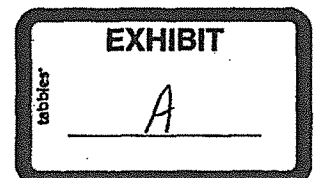
KMBT20020081212  
153601.tif (576...

Here are the records for patient [REDACTED] who had an I-125 Seed Implant today 12/12/2008. Per request from our Physicist, Suleiman Refaei, he wanted you to know of a "reportable situation" regarding this implant. This patient was implanted with 14500cGy instead of the prescribed dose of 8500 cGy. This was to be followed with external beam radiation at an additional 4500 cGy, at a later date. Please let me know if you are in need of any further records. Dr. Soni was the attending Radiation Oncologist as Dr. Kabre is on vacation until December 23rd. Please advise. I just spoke with Matt, he is calling you.

-----Original Message-----

**From:** admin@vantageoncology.com [mailto:admin@vantageoncology.com]  
**Sent:** Friday, December 12, 2008 2:36 PM  
**To:** Carol Rowe  
**Subject:** [Image File] Carol,KMBT200, #871

**FROM:**  
Image data has been attached to  
the E-Mail.





**FW: Brachytherapy Review**

Friday, October 23, 2009 6:47 AM

**From:** "Suleiman Refaei" <Suleiman.Refaei@vantageoncology.com>  
**To:** refaeis@yahoo.com

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**From:** Suleiman Refaei  
**Sent:** Wednesday, October 21, 2009 4:39 PM  
**To:** Neelima Kabre, M.D.  
**Subject:** Brachytherapy Review

Hello Dr. Kabre:

This is a follow up of our earlier discussion regarding Prostate Brachytherapy seed implants. The following is Dr. Kevin Redmond/ Radiation Oncologist and Dr. Mike Lamba/ Mike Lamba/Medical Physicist contact information. As I told you I spoke to both of them. Both Are willing to look at 5- 6 patient as peer review. After you called me this after noon I thought about this, I do not know what is Vantage Policy as far as peer review. If you want peer reviews then you have to contact VP of Physics as well VP of operation and the Regional Director to make sure everybody on the same page. Is there any need involve to involve the Chief of Medical staff?

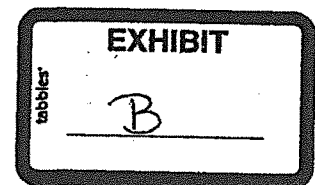
[redmonkp@healthall.com](mailto:redmonkp@healthall.com), [kevin.redmond@healthall.com](mailto:kevin.redmond@healthall.com), 513-475-8274, 513-475-7777. This will give some information about Dr. Redmond <http://www.med.uc.edu/departme/radiol/oncology/redmond.cfm>

Dr. Mike Lamba email address is [michael.lamba@uc.edu](mailto:michael.lamba@uc.edu), his phone number is 513-584-9028 and 513-475-7777

I will be happy to help what ever way I can  
Thanks  
Suleiman

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# Vantage Oncology

## COMPLIANCE ALERT

Date: February 24, 2009

To: Billing Coordinators/Clinical Staff

From: Nicki Valero, Compliance Director

Subject: Billing services using the name of the rendering/supervising physician on all Medicare and Medicaid (Medi-Cal) insured patients.

Effective March 1, 2009 please make sure the services rendered each day are charged with the correct name of the physician who was in the office rendering/supervising services each day.

1. You will continue to register the patient using the name of the physician who saw the patient in consultation as the "Primary" physician and charge for the consultation using this physician.
2. From that point on, you will select the correct physician when charging for the services based on which physician actually rendered or supervised the services. You will change the "Primary Physician" whenever you charge for services if the rendering or supervising physician is not the "Primary Physician" listed on the screen.
3. The written prescription codes 77261-77263 and the STP code 77470 should be charged under the name of the doctor who wrote the prescription or what you call the clinical treatment plan.
4. Treatments are billed out under the name of the physician who was in the office supervising the treatments that day. If two or more doctors are in the center then you should choose the primary doctor if present, if not then you may choose either doctor.
5. IGRT must be charged out using the name of the physician who was in the office supervising and signing off on the shift/image. Virtual review outside the office where the service was performed does not meet the supervision requirements of IGRT.
6. For dosimetry and physics work, you will bill the services using the name of the rendering physician who signs and approves the plan and QA work. Charge 77336 using same doctor who performed the OTV for that same week.
7. Any services the physician performs face-to-face with the patient- like OTV, follow-up visits- must be billed under the name of the physician who performed the service.
8. CT/Simulation or Simulation must be billed using the name of the rendering/supervising physician who was present in the office when the service was rendered. This same rendering/supervising physician should be the physician who signs all CT/Sim or Sim notes/documentation.
9. Port films or pre-port simulations also require the services to be billed using the name of the rendering/supervising physician who was in the office that day and signed off on the film(s).
10. You must apply this rule to all Medicare, Medicaid (Medi-Cal) and any other government insurance like TriCare for Life and Veterans Benefit programs. The rule does may not apply to commercial insurances.
11. If a new doctor sees a Medicare or Medicaid (Medi-Cal) or government insurance patient and their provider numbers have not been received yet, you will need to hold the claims until the new doctor provider number is received. They may not borrow numbers from other group practice physicians.
12. If a locum physician is present in the office, you will charge all services out under the name of the physician who the locum physician is covering for. If Medicare, you will need to use the modifier Q6 to explain that a locum physician actually rendered or supervised the services.

EXHIBIT

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## TELETHERAPY ISODOSE PLANS

### Basic definitions

77305 Isodose Plan, Simple

77310 Isodose Plan, Intermediate

77315 Isodose Plan, Complex

### Coding Guidelines

- ✓ Usually only one isodose plan may be reported per course of therapy.
- ✓ In some cases it may be necessary to have two isodose plans for treatment purposes such as a breast plan with and without wedges or a simple plan for a supraclav in an irregular form and a complex plan for the tangents due to wedges and possible custom blocking. Both plans are billable if used for treatment but must be printed and charged on separate dates.
- ✓ If the initial plan is a 3D and the boost or cone down is planned off the same CT dataset then a complex isodose plan should be charged for the boost or cone down plan.
- ✓ If the initial plan is an IMRT and the boost or cone down is planned off the same CT dataset then a complex isodose plan should be charged for the boost or cone down plan.
- ✓ All isodose plan codes are included in 3D 77295 and IMRT 77301 and cannot be charged with these codes if for the same volume of interest.

### Documentation Guidelines

- ✓ An isodose plan with isodose lines signed and dated by the physicist and physician is required documentation.

### Scoring

#### Complex Isodose Plan 77315

- 5 or more ports converging on one treatment area, custom blocking is employed or wedges with any treatment.

#### Intermediate Isodose Pan 77310

- 3 or more treatment ports directed to a single treatment area, simple or no blocking may be utilized.

#### Simple Isodose Plan 77305

- One or two parallel opposed unmodified ports directed to a single area, and irregular plans.

## **Basic Dosimetry Calculation**

### **Basic definitions**

**77300** Basic Dosimetry Calculation

### **Coding Guidelines**

- ✓ Multiple Calculations may be required throughout the course of therapy due to:
  1. Weight gain or loss;
  2. Monitoring of sensitive organs;
  3. Tumor volume change, or;
  4. Dose or other changes in the patients care.
- ✓ The calculation of different projections for the same site is considered to be included as one calculation if all treatment parameters other than beam angle are the same. Example:

If in a 4 port box treatment of the pelvis, the anterior and posterior opposed ports and the right and left lateral opposed ports are treated. If the anterior and posterior ports are identical in size, shape and depth, they are considered to be one calculation. However, if different, two calculations may be reported. The same holds true for the lateral ports. If two entirely separate sets of calculations are performed in AP or lateral opposed fields because of irregular fields that require variable blocking, weighting or depth, two separate calculations should be reported.
- ✓ On all but IMRT plans you may charge for the calcs generated either by the treatment planning computer, hand calcs or MU calcs but not all three. Re-calculation by a different methodology does not warrant a second charge.
- ✓ On IMRT you may only charge for the MU calcs.

### **Documentation Guidelines**

- ✓ Identification of all body area(s) being treated and requiring Dosimetry calculations
- ✓ An explanation of any additional calculations
- ✓ The calculations of the radiation dose distribution (i.e., the radiation dosage and length of time to deliver the dose) either by hand or computer or MU.

## Blocks/Devices

### Basic Definition

77332 Blocks/Devices, Simple

77333 Blocks/Devices, Intermediate

77334 Blocks/Devices, Complex

### Coding Guidelines

- ✓ Multiple blocks/devices may be billed on same day.
- ✓ May only charge once for each device (cannot bill for same block/device everyday it is used).
- ✓ Rule is one block/device per port (if complex block and wedge used may only bill for the complex block).
- ✓ If the port is split, charge for only 1 block/device per port.
- ✓ MLC is considered a complex block.
- ✓ If devices of two separate levels are used on a port charge for the highest level block/device used on the port.
- ✓ Changes in the configuration or the treatment portal at some later date may require the redesign and/or fabrication of a new block/device such as cone down or boost. Necessity for new blocks must be documented.
- ✓ Typical course of therapy will require up to 5 blocks/devices, however, IMRT, prostate, head & neck cases may require upwards of 8 or more.
- ✓ Opposed portal pairs where one film is used (film is flipped) to cut blocks for the opposed ports then only one professional charge is allowed. You may bill a technical code for both blocks to cover time and materials.

### Documentation Guidelines

- ✓ The medical record must demonstrate the physician's involvement in the design, supervision and construction.
- ✓ The physician must sign an order for each device used and note the medical necessity of the device(s).
- ✓ Documentation of all immobilization devices must be documented in the simulation note.

## SCORING

### Complex Block/Device 77334

- Custom blocking/immobilization devices designed specifically for one patient and not re-usable are included in this category.
- Special shields for eyes, compensators, wedges, molds, and casts, aquaplast, alphacradle, vac loc bags, MLC, irregular cerrobend, rice box, wax molds

### Intermediate Block/devices 77333

- Blocks utilizing cast or pre-made standard shaped, blocks, stints, standard size blocks or special bolus are included in this category.

### Simple Block/Device 77332

- Simple bolus, breastboard (wingboard is not a billable), simple shield independent jaws or asymmetric collimation.
- Usually no special fabrication is necessary for these blocks/devices or pre-made devices.

## DOCTOR'S TREATMENT PLANNING PRESCRIPTION

### Basic Definitions

77261 Radiation Treatment Planning Prescription- Simple

77262 Radiation Treatment Planning Prescription- Interim

77263 Radiation Treatment Planning Prescription- Complex

### Coding Guidelines

- ✓ Treatment planning is usually a one-time charge per course of therapy.
- ✓ Multiple treatment plans for a single course of treatment are usually not allowed.
- ✓ If a new problem is discovered during the course of treatment and a new area is planned then a second treatment planning prescription charge is allowed. There is usually a new diagnosis code for the new site unless additional mets site.
- ✓ If dual modalities are planned or considered from the beginning (Prostate Seed Implant followed by IMRT beam treatments for example) then only one treatment planning prescription code is allowed.
- ✓ Routine boost or cone down is not too be billed with a new treatment planning code.
- ✓ There is no time restriction on the interval between courses of radiation therapy. Each new course of radiation therapy will require a new diagnosis and new treatment planning prescription to be performed.

### Documentation Requirements

- ✓ Documentation must be maintained in the patients medical record to include evidence of planning to include:
  1. Definition of the field of treatment
  2. Selection of Beam Energy to be used
  3. Selection, or combination of treatment modalities to be used
  4. Identification of the tumor volume
  5. Identification of critical structures, if any, in proximity to the tumor volume
  6. An indication of the time/dose plan of therapy
  7. An indication of the estimated final target dosage
  8. An indication of any limiting dosages or dose points
  9. Method or technique (Conformal, Conventional 3D, IMRT, Electrons)
  10. If IMRT is to be used, a note of medical necessity must be in the file comparing IMRT to 3D

### Scoring

#### 77263 – if any of the following apply:

- Planning for IMRT, conformal or conventional with custom blocking (includes use of MLC, custom bolus)
- Use of Electrons as a sole modality (primary)
- Three or more areas or volumes to be planned
- Moving portals such as rotation or arc planned
- Conformal shaped blocks may be planned to more than 4 ports
- 5 or more ports planned for a single volume
- Custom blocked, primary treatment with electrons
- One or more complex isodose curves required to plan the course of treatment
- Use of brachytherapy either as a sole modality or in combination with external beam
- Concurrent Chemotherapy
- Retreat or overlap of previously radiation therapy port or field must be considered
- Complex fixation devices such as alpha cradle, aquaplast, eye shield, plaster mold.
- Combined modalities (electrons and photons)

If none of the above applies go to the next level down 77262.



**Scoring Continued**

**77262 – if any of the following apply:**

- Two separate areas or volumes are planned
- Custom blocking must be planned for a relatively simple treatment
- Four or fewer ports per single volume of treatment to be planned
- Although plan is simple, doctor had to consider the consequences of treating sensitive structures
- Simple immobilization device such as bite block or breast board used
- Simple Isodose Curve to be planned
- The patient may be pre-operative or post-operative
- Microdosimetry, TLD, Diode planned
- Wedge or compensator to be planned for relatively simple treatment plan
- Use of electrons planned as part of the treatment (boost)
- Hyperfractionated course of therapy planned
- Chemotherapy received within 3 months prior to starting therapy
- Abutting fields but with no overlap of portals
- Tangential portals planned without custom blocking
- 1 or 2 portal constructions are planned for a given treatment area
- Migration or portal junction lines to avoid over or under treatment of abutting fields is necessary
- Patient is on a scientific protocol study

If none of the above applies then go to the next level down 77261.

**77261- if any of the following apply**

- Single area or volume to be planned for treatment
- Simple or no blocking or bolus to be planned
- Simple MLC blocking- independent jaw motion or asymmetric collimation
- Use of a single, unblocked electron port for small skin lesion
- X-ray photons, any energy, cobalt 60 teletherapy, kilovoltage, any energy
- A single central axis dose point is all that is required



## **3D (Simulation) PLANS**

### **Basic definitions**

#### **77295 Three Dimensional (Simulation) Treatment Planning**

### **Coding Guidelines**

- ✓ May be billed once per course of treatment per treatment volume.
- ✓ If cone down or boost is planned off the original CT dataset then bill for a complex isodose 77315
- ✓ If cone down or boost is planned off a new CT dataset then you may charge for a second 3D plan 77295 with a note from the physician as to why a new CT dataset was medically necessary.
- ✓ The same dataset can be used to create an initial 3D plan and then an IMRT plan for the cone down or boost.
- ✓ The same dataset can be used to create an initial IMRT plan and then a 3D plan for the cone down or boost.
- ✓ You cannot bill both 3D 77295 and any isodose plan code for the same volume of interest. All three isodose plan codes 77305, 77310, and 77315 are included in 77295.
- ✓ You may charge for a 3D plan to the breast and an isodose plan for the subclav as long as the plans are printed and charged on separate days.
- ✓ You may charge for the CT/Simulation 77014-TC and one of the following-77280, 77285, or 77290(check Simulation guidelines for scoring) as long as they are not performed on the same day the 3D plan 77295 is printed and charged.
- ✓ If patient is an emergency and both CT/Sim and 3D plan are all created on same day bill for the 3D plan and not for the CT/Sim codes.

### **Documentation Guidelines**

- ✓ Documentation must consist of a computer generated plan with a DVH and/or dose cloud distribution and appropriate critical structures with evidence of review by the physician designated by the physician's signature or initials and date and signature or initial of the physicist.

## **Criteria for 3D**

One or more of the following must be documented for 3D to be clinically warranted;

- ✓ The volume of interest is irregular and in close proximity to normal structures that must be protected;
- ✓ The volume of interest is in such a location that its parameters can only be defined by MRI or CT;
- ✓ The final boost volume of interest must be constructed to the exact tumor volume with its irregular configuration;
- ✓ Multiple or conformal portals are necessary to cover the volume of interest with close margins and protect immediate adjacent structures;
- ✓ Beams eye view of multiple portals must be established for conformal therapy delivery;
- ✓ An immediately adjacent area has been irradiated and abutting portals must be established with high precision;
- ✓ 3D reconstruction of the tumor volume and the critical structure volume in brachytherapy cases is used to develop DVH for the tumor and critical structures.

**External Beam Treatment Level Scoring Tool**

Oct-08

1. First select the code group from Section 1 based on criteria listed
2. The go to Section 2 to select the code based on energy used (should match color of section 1)

<b>Section 1</b>		
<b>CPT Code</b>	<b>Description</b>	<b>Criteria for Level</b>
77401	Radiation treatment delivery, superficial and/or no ortho voltage	Single Port, parallel ports, no devices or simple devices
77402 77403 77404 77405 77406	Radiation treatment delivery, single treatment area	Single Port, parallel ports, no devices or simple devices
77407 77408 77409 77411	Radiation treatment delivery, two separate areas	Two separate areas treated, three or more ports on a single area, multiple non-complex devices, use of custom bolus
77412 77413 77414 77416	Radiation treatment delivery, three or more separate treatment areas	Three or more separate areas treated, custom devices, rotational beam, compensators, electron beam, (e.g., electrons, neutrons), tangential ports, use of complex devices

<b>Section 2</b>					
<b>Tier</b>	<b>Kilovoltage</b>	<b>&lt; 5 MV</b>	<b>6-10 MV</b>	<b>11-19 MV</b>	<b>&gt; 20 MV</b>
Simple	77401	77402	77403	77404	77406
Intermedia	77401	77407	77408	77409	77411
Complex	77401	77412	77413	77414	77416

Example: a 10 MV level treatment with complex blocking would be 77413

Example: a 18 MV with custom bolus only would be 77409

Example: a 6MV open with no blocks would be 77403

## IGRT Guidelines

### Basic definitions

76950 Ultrasound Based Guidance for Placement of Radiation Fields

77014 CT Based Guidance for Placement of Radiation Fields

77421 X-ray Based Guidance for Placement of Radiation Fields

0197T Electromagnetic based IGRT (Calypso) (new technology code)

### Coding Guidelines

- ✓ May be billed once per day
- ✓ CPT codes 77014 and 76950 may only be billed globally if physician signs the daily shift/image. If the doctor does not sign the shift/image daily bill only the technical component.
- ✓ CPT code 77421 requires the physician to sign the document daily to bill the code. If the doctor does not sign the daily shift/image do not charge the technical or the professional component.
- ✓ CPT II code 0197T requires same documentation as 77421 as records may be requested to determine the amount to be reimbursed. New technology codes have no established fee schedule.
- ✓ Centers with electronic portal imaging technology may report port film verification using 77417.
- ✓ The use of orthogonal portal imaging to locate markers in and of itself would not fulfill the required criteria.
- ✓ The stereoscopic images have to be fuse and registered with the pre-treatment digitally reconstructed radiographs (DRR's) and the required shifts calculated and adjustments made to correct if any.

### Documentation Guidelines

- ✓ Documentation to support the technical component of 76950-TC is a copy of the shift/image each time the code is charged.
- ✓ Documentation to support the professional component of 76950-26 (or global) requires a physician signature on the shift/image each time the professional component is charged.
- ✓ Documentation to support the technical component of 77014-TC is a copy of the shift/image each time the code is charged.
- ✓ Documentation to support the professional component of 77014-26 (or global) requires a physician signature on the shift/image each time the professional component is charged.
- ✓ Documentation to support 77421 & ~~0197T~~ (global only may be charged) is a physician signature on the shift/image each time the code is charged.
- ✓ Do not bill 77421-TC alone as the code may only be charged globally due to the supervision level required to bill the technical component.

## IGRT Considerations

IGRT may be considered when using the following:

- ✓ 3D Conformal Therapy (Please see Medicare criteria for 3D)
- ✓ IMRT Therapy (Please see Medicare criteria for IMRT)
- ✓ Stereotactic Radiosurgery
- ✓ Stereotactic Body Radiation Therapy
- ✓ Target volume is in close proximity to critical structures that must be protected
- ✓ The volume of interest must be covered with narrow margins to adequately protect immediately adjacent structures
- ✓ An immediately adjacent area has been previously irradiated and abutting portals must be established with high precision
- ✓ Dose escalation is planned to deliver radiation doses in excess of those commonly utilized for similar tumors with conventional treatment

## IMRT PLAN

### Basic definitions

#### 77301 Three Dimensional (Simulation) Treatment Planning

#### Coding Guidelines

- ✓ May be billed once per course of treatment per treatment volume.
- ✓ If cone down or boost is planned off the original CT dataset then bill for a complex isodose 77315
- ✓ If cone down or boost is planned off a new CT dataset then you may charge for a second IMRT plan 77301 with a note from the physician as to why a new CT dataset was medically necessary.
- ✓ The same dataset can be used to create an initial 3D plan and then an IMRT plan for the cone down or boost.
- ✓ The same dataset can be used to create and initial IMRT plan and then a 3D plan for the cone down or boost.
- ✓ You cannot bill both IMRT 77301 and any isodose or 3D 77295 plan code for the same volume of interest. All three isodose plan codes 77305, 77310, 77315 and 3D 77295 are included in 77301.
- ✓ You may charge for a IMRT plan to the breast and an isodose plan for the subclav as long as the plans are printed and charged on separate days.
- ✓ You may charge for the CT/Simulation 77014-TC and one of the following-77280, 77285, or 77290(check Simulation guidelines for scoring) as long as they are not performed on the same day the IMRT plan 77301 code is printed and charged.
- ✓ If patient is an emergency and both CT/Sim and IMRT plan are all created on same day bill for the IMRT plan and not for the CT/Sim codes.

#### Documentation Guidelines

- ✓ Documentation must consist of all of the following:
  1. Patient meets at least one of the criteria listed below under "Criteria for IMRT"
  2. A statement by the treating physician documenting the special need for IMRT on the individual patient in question, rather than performing conventional or 3D treatment planning and delivery.
  3. The physician's prescription must define the goals and the requirements of the treatment plan including the specific dose constraints for the target(s) and nearby critical structures.
  4. A signed and dated IMRT inverse plan that meets prescribed dose constraints for the planning target volume (PTV) and surrounding normal tissue using either dynamic MLC or segmented MLC with an average number of "steps" required to meet IMRT delivery is 5 or inverse planned IMRT solid compensators to achieve IMRT delivery
  5. The target verification methodology that includes all of the following:
    - a. Documentation of the CTV and the PTV.
    - b. Documentation of the immobilization and patient positioning.
    - c. Means of dose verification and a secondary means of verification.
  6. The MU's generated by the IMRT plan must be independently checked before the patient's 1<sup>st</sup> treatment
  7. Documentation of fluence distributions re-computed in a phantom is required.
  8. Documentation that accounts for structures moving in and out of the high and low dose regions created by respiration. Voluntary breath holding *is not* considered appropriate and the solution for movement can best be accomplished with gating technology.

### Criteria for IMRT

At least one of the following must be documented for IMRT to be clinically warranted;

- ✓ Important dose limiting structures adjacent to, but outside the PTV, are sufficiently close and require IMRT to assure safety and morbidity reduction;
- ✓ An immediately adjacent volume has been irradiated and abutting portals must be established with high precision;
- ✓ The GTV margins are concave or convex and in close proximity to critical structures that must be protected to avoid unacceptable morbidity;
- ✓ Only IMRT techniques would decrease the probability of grade 2 or 3 radiation toxicity as compared to conventional radiation in greater than 15% of radiated similar cases.
- ✓ IMRT is covered when the tumor tissues lies in areas associated with target motion caused by cardiac and pulmonary cycles and IMRT is necessary in order to protect adjacent normal tissues.
- ✓ IMRT is the only option to cover the volume of interest with narrow margins and protected immediately adjacent structures.
- ✓ Only IMRT can produce dose distributions that can cover extremely concave target geometries.



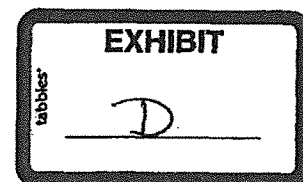
# Vantage Oncology

February 10, 2009

## Compliance Review Summary- Spring Valley

A review of 12 charts was conducted on Spring Valley, IL center. The following risk areas were identified:

1. If charging STP for concurrent chemo you must mention how the concurrent chemo is or is not affecting your patient in your OTV notes or at least in the end of treatment summary.  
**Corrective Action**
  - Educate on documentation requirements for OTV
2. Wingboards are not a billable device. Being charged as simple device 77332.
3. Planning note contains information about the initial planning sim and if used, the immobilization device. This same note also contains a statement about the block check simulation but is dated the same date as the initial planning sim which is before the plan was even created and is also dated on a different date than the block verification simulation is actually performed and charged. The pre-port simulation requires a note signed by the doctor which is dated the date performed and charged.  
**Corrective Action**
  - Educate on simulation documentation requirements and offer forms
  - Stress the importance of charging for services on date that matches supporting documentation
4. Boost complex sim 77290 charged without documentation in the file. If this was a sim performed on the patient or a clinical sim you still need a sim note signed by the physician. If this boost sim code is for block verification then the code is 77280 which also requires a sim note.  
**Corrective Action**
  - All block verifications, whether for initial plan or boost plan, are simple 77280
  - If 77290 is being charged for a clinical sim, then a sim note signed by the doctor is needed
5. Initial sim note appears that the simulation was performed on a CT in your office. Need to clarify that a "table sim" was performed in your office which includes any markers or immobilization devices and then the patient was sent to the hospital for the CT scan. You should have sim film to back up your simulation note and charge for 77290.  
**Corrective Action**
  - Investigate if film is actually taken during the table sim and educate on scoring level of sim
6. OTV notes are poor and do not address the required 7 elements. Handwriting is not legible and Medicare may disallow. Some notes only reflect the nurse's assessment with doctor only signing the note. OTV requires face to face with the patient and a physical exam to be documented each week.  
**Corrective Action**
  - Educate on Medicare requirements for OTV 77427
7. You should charge the blocks and calcs on same day as the plan as the supporting documentation for the calcs and blocks are in the treatment plan or QA work for the IMRT plan.
8. Did billing department instruct you to use modifier -76? This modifier is not really used in this fashion unless your Medicare carrier is instructing you to bill in this fashion.



# Vantage Oncology

Page 2 of 2- Spring Valley- Feb, 2009

9. IMRT note of medical necessity needs to specify the critical structures or reason why IMRT was best method for that particular patient compared to 3D per Medicare LCD.

**Corrective Action**

- Review Medicare IMRT policy documentation requirements

10. Missing documentation of delivery to a phantom for QA of the IMRT plan.

**Corrective Action**

- Review Medicare IMRT policy documentation requirements

11. X-ray based IGRT 77421 must be billed globally or not at all. Doctor must sign off on the shift/image daily for the code to be charged. The Shift Sheet demonstrates the physician only signed off weekly. The technical component of 77421 has a supervision level "3" meaning in direct attendance and the documentation must support this level of supervision.

**Corrective Action:**

- Review supervision and documentation requirements for 77421 - *helped sign off on shifts*

12. IMRT plans must have an independent MU calc for each beam before the plan is used to treat the patient. If you create an IMRT boost plan you must have documented MU calcs for each of the boost ports to charge the calcs 77300. Patient Edward King has the phantom QA for the initial and boost but only independent MU calcs for the initial IMRT plan.

**Corrective Action**

- Review Medicare IMRT policy documentation requirements

13. Physics consultation performed for QA or verification of the IMRT plan is not allowed as this work is included in the IMRT plan code 77301. Physics consultation may be performed with IMRT if request from physician is clearly documented and for a reason other than QA or verification of the IMRT plan.

**Corrective Action**

- Review ASTRO clarification of what is included in IMRT plan code 77301

14. Doctor's written prescription or what you call the Doctor's Clinical Treatment Planning must be charged on a date that matches the supporting documentation. The Doctor's prescription is located on the front of the tri-fold treatment record under "Radiation Therapy Prescription".

15. Cannot charge for both a Brachytherapy plan 77328 and a 3D plan 77295 on the same day for prostate seed implant. Charge for the plan that was used which appears to be the 3D plan.

**Corrective Action**

- Review CCI edits
- Assist with a custom charge template for prostate seed implants

16. No procedure note in file to support prostate seed implant charges 77778 and 77790.

17. If boost plans are planned at a later date than the initial plan and planned off the same CT dataset a complex Isodose 77315 may be charged for the boost plan. If boost plan is planned off new CT (with note as to the medical necessity of repeat CT) then you may charge a second 3D 77295 or second IMRT 77301.

Nicki Valero, CHC  
Compliance Director  
Vantage Oncology

*Have to  
do QA  
before we  
treat  
EMAIL*

*77370 - IMRT (No  
higher concern  
not billable)*